

UNITED STATES DISTRICT COURT
FILED

APR 26 2023

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

for the
District of
Division

RECEIVED

APR 13 2023

RICHARD W. NAGEL, CLERK OF COURT
COLUMBUS, OHIO

2 : 23 CV 1305

(to be filled in by the Clerk's Office)

JUDGE WATSON

MAGISTRATE JUDGE SILVAIN

4 : 23 CV 870-

JUDGE CALABRESE

MAG. JUDGE GREENBERG

Joshua Turner # 798-557 Et, AL
(Plaintiff(s))
(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)
-v- [Norfolk Southern]
[Train Company]
Alan Shaw
[REDACTED]
[REDACTED] "Et, AL"
(Defendant(s))
(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

"Statement of Claim"

A,B,C,D pg#①

East Palestine Ohio had a train Derailment on 2/3/2023 that was carrying "Vinyl Chloride" which is Deadly for future Medical problems and Respiratory failure 1/2 of a Majority of fish, and will life in water near the site has been found Dead, the train cars had about 5 cars filled with this chemical when they were Spilling into our water and ground-Environment our AIR, water Ground, wells, Everything has been contaminated there has been no Effort's to giving bottled water to any inmate's, As in Recent day's after the Derailment I have had consistent Head aches, chest pain's hard to Breath, I filled out Medical slips which Medical has advised to me that I have weezing, Rashes and minor Head aches due to the Vinyl Chloride, it's Making me Dizzy and light Headed, Due to "Norfolk Southern train company" being unresponsible to our community Everywhere in the United States

pg # (2)

there Actions at Norfolk southern are unacceptable !, who can say my future "Long term" Medical problems will not happen , Also the Actions were to personally Blow the tanks up Allowing the Deadly chemicals to leak Moore's Moore into air water and Environment , with the CEO (Alan Shaw) of Norfolk southern. Has been asked Multiple times for More safety Est. if the correct Action were taken by "Alan Shaw" Maybe $\frac{1}{2}$ of this (tragic) would not of happen. if the courts would except this Request in ~~Good~~ Good Faith ..

Respectfully submitted;
Josh Turner #798-557
878 Coatesville-Hubbard Rd
Youngstown, Ohio 44505
3/12/2023

"Affidavit"

I am stating Everything that Happened while all of this train Derailment has happened so the facts in my statement of claim is true & correct to the Best of My Knowledge in my intre complaint is true.

Executed on 4/12/2023

~~Signature~~ 790-557

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Josh Turner 798-557
All other names by which
you have been known:
ID Number
Current Institution
Address 878 Coatesville - Hubbard
Youngstown Ohio 44505
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Alan Shaw Ext. AL
Job or Title (if known) C.E.O Norfolk Southern Train
Shield Number
Employer company
Address 650 West Peachtree st N. E
Atlanta GA 30308
City State Zip Code
 Individual capacity Official capacity

Defendant No. 2.

Name	<hr/>		
Job or Title (<i>if known</i>)	<hr/>		
Shield Number	<hr/>		
Employer	<hr/>		
Address	<hr/>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Defendant No. 3

Name _____

Job or Title (*if known*) _____

Shield Number _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

 Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____

Shield Number _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

 Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

293

[Environmental Matters] [other statutes] 440

The 8th & 9th Amendment to the United States Constitution.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

2023-04-26

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I have "Respiratory Failure".

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I have "Respiratory Failure" Skin Rashies and a scare ~~exag~~ ~~late~~ ~~swelling~~ ~~where~~ on my facial area. and a cough that won't stop. consistant Breathing problems from "viral clonule."

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. *T am Respectfully Requesting*

I am respectfully requesting that the courts grant \$25,000,000, in ~~Money~~ Damages, also showing that Hazlelers cheemers on the train to people in the communitys, Also show Emotional and Money support in the future Health problems, I Also want to Be compensated with Money for my physical Health problems from Train Department.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes
 No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes
 No

E. If you did file a grievance:

1. Where did you file the grievance?

N-A

2. What did you claim in your grievance?

N-A

3. What was the result, if any?

N-A

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

*Nothing Happened at this prison that's why I
can't grievance upon this complain with North folk
Southern train company.*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

the grievance does not apply to
outside situation. only inhouse complaints.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

yes Medical staff, with Health service Request Form
and they said am okay here are some pain pills
Can some test said Deal with my Medical problem.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

see Medical Records were Requested as needed
by courts.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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 Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Joshua Kenneth Turner # 749-677

Defendant(s) "ODRC" Et. Al

2. Court (if federal court, name the district; if state court, name the county and State)

United States District Court for the Southern District of Ohio

3. Docket or index number

2:19-cv-02376-MHW-EPD

4. Name of Judge assigned to your case

Michael H. Watson, Elizabeth Preston Deavers

5. Approximate date of filing lawsuit

2019 5/26/2019

6. Is the case still pending?

 Yes No

If no, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Judgement was enter "Mediation" was Met. in
Favor of plaintiff. Myself.

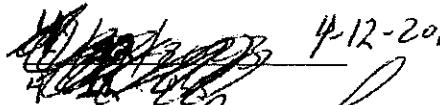
IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

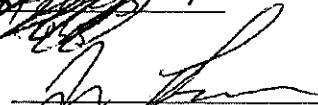
 4-12-2023

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

 Joshua Turner # 798-557

798-557

878 coitessville - Hubbard

youngstown Ohio 44505

City

State

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address